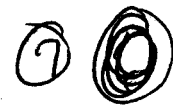


# **Exhibit**

# **7**

Honeywell Technology Solutions, Incorporated

REPORT OF INCIDENT/ACCIDENT/EXPOSURE  
(THIS FORM COMPLIES WITH OSHA REPORTING REQUIREMENTS)



HQ OFFICE USE ONLY

W/C OSHA DAYS LOST \_\_\_\_\_ DAYS RESTR. \_\_\_\_\_ V2K \_\_\_\_\_ DBASE \_\_\_\_\_ COPY - MED/VP \_\_\_\_\_

A. GENERAL INFORMATION - TO BE COMPLETED BY EMPLOYEE. PLEASE TYPE OR PRINT.

1. NAME: (LAST, FIRST, MI) Young, Jr., Corley BADGE NO. 93787
2. HOME ORGANIZATION NUMBER: 1.1.32.09.01.0761.04
3. ADDRESS: (STREET, CITY, STATE, ZIP) 121 Independence Avenue  
Enterprise, AL 36330
4. SSN: 416-90-4413 TELEPHONE: (HOME) ( 334 ) 348-2863 WORK ( 334 ) 598-8858
5. JOB TITLE: Maintenance Trade Helper (GLC 23580Z) HOW LONG AT CURRENT JOB TITLE: 4.5 years
6. EMPLOYMENT DATE: 12/01/97 BIRTH DATE: 01/26/59 AGE: 43 MALE ☒ FEMALE ☐
7. NUMBER OF HOURS WORKED PER DAY: 8.0 USUAL SHIFT TIMES: 0600 TO 1430
8. CONTRACT NAME: AGRC, Ft. Rucker, AL
9. CONTRACT ADDRESS: Hwy 27, AGRC Bldg 24309, PO Box 620050 CITY: Ozark STATE: AL
10. I UNDERSTAND THAT IF THIS INCIDENT/ACCIDENT/EXPOSURE IS HANDLED THROUGH WORKERS' COMPENSATION, ATSC WILL FOLLOW ALL APPLICABLE STATE/FEDERAL LAWS YES ☒ NO ☐ EMPLOYEE'S INITIALS \_\_\_\_\_  
IF "NO" REQUEST EXPLANATION FROM LOCATION REPRESENTATIVE. HAS AN EXPLANATION BEEN GIVEN AND DO YOU NOW UNDERSTAND? YES ☒ NO ☐ EMPLOYEE'S INITIALS \_\_\_\_\_

B. INCIDENT/NEAR MISS. INCIDENTS ARE THOSE INJURIES THAT REQUIRE FIRST-AID TREATMENT ONLY, AND WILL NOT GENERATE A MEDICAL BILL. A NEAR MISS IS AN INDICATION THAT AN UNSAFE CONDITION OR UNSAFE ACT EXISTS. FOR THIS REPORT, A NEAR MISS INCLUDES ANY CONDITIONS THAT MIGHT HAVE CAUSED AN ACCIDENT OR INJURY, BUT FOR SOME REASON DID NOT.

1. DATE OF INCIDENT/NEAR MISS: 06/24/02 TIME OF INCIDENT/NEAR MISS: 13:00 pm
2. GIVE A COMPLETE DESCRIPTION OF THE INCIDENT/NEAR MISS: (ATTACH A SEPARATE SHEET IF NEEDED) \_\_\_\_\_

I was instructed to go to the Golf Mover to check the electrical status of the mover. After finding the status I began to give my report to my Crew Chief over the two way radio, while backing up my truck. I failed to notice the small trailer with the generator attached to my truck. The trailer jack knifed into the right rear of the quarter panel causing a large dent and breaking the tail light out on truck 99-03. I then stopped the truck, pulled it up about 6 or 7 feet to straighten the truck up. I then got out to check the actual damage. After the assessment I contacted my Crew Chief to inform him of the accident.

C. ACCIDENT/EXPOSURE. INJURY/ILLNESSES THAT REQUIRE MORE THAN FIRST-AID TREATMENT AND/OR WILL GENERATE A MEDICAL BILL FOR THE TREATMENT.

1. DATE OF ACCIDENT/EXPOSURE: 24 June 2002 TIME OF ACCIDENT/EXPOSURE: 1300 hours
2. ADDRESS WHERE ACCIDENT/EXPOSURE OCCURRED: AGRC, G01M Target location  
CITY: Ft. Rucker STATE: AL IS THIS A TEMPORARY WORK LOCATION? NO
3. WAS THIS ACCIDENT/EXPOSURE WORK-RELATED? YES ☒ NO ☐